

# C.S.O.T.

Canadian Society of Orthopaedic Technologists

## 2019 MEMBERSHIP RENEWAL - PRINT LEGIBLY

NAME: Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_ (Surname) \_\_\_\_\_ (Given Name (s))

ADDRESS: \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_  
\_\_\_\_\_  
(Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

PHONE: \_\_\_\_\_  
(Area Code) \_\_\_\_\_ (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) \_\_\_\_\_ (City) \_\_\_\_\_  
\_\_\_\_\_  
(Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Present Position: \_\_\_\_\_

(Please print legibly)

Manager of Fracture Clinic \_\_\_\_\_

Supervisor's Name and Position: \_\_\_\_\_

Membership Fee: (Please Check One ☒ Includes H.S.T.)

Registered:	Before December 1, 2018	\$270.00	<input type="checkbox"/>	After December 1, 2018	\$370.00	<input type="checkbox"/>
Full Member:	Before December 1, 2018	\$270.00	<input type="checkbox"/>	After December 1, 2018	\$370.00	<input type="checkbox"/>
Associate:	Before December 1, 2018	\$215.00	<input type="checkbox"/>	After December 1, 2018	\$315.00	<input type="checkbox"/>
Industrial:	Before December 1, 2018	\$220.00	<input type="checkbox"/>	After December 1, 2018	\$320.00	<input type="checkbox"/>
Student:	Before December 1, 2018	\$205.00	<input type="checkbox"/>	After December 1, 2018	\$305.00	<input type="checkbox"/>
Retired:	Before December 1, 2018	\$185.00	<input type="checkbox"/>	After December 1, 2018	\$285.00	<input type="checkbox"/>

NUMBER OF HOURS WORKED FOR THE CURRENT YEAR AS AN ORTHOPAEDIC

TECHNOLOGIST/TECHNICIAN

FULL TIME .....

PART TIME .....

NOTE: Full Members: After January 1, 2019 if fees are not paid it will be necessary for you to reapply for membership.

Registered Members: After January 1, 2019 notice will be sent to the Administrator/Fracture Clinic Manager of your Hospital advising that your certificate is no longer valid. If 12 months or more have lapsed, you will be asked to appear before an examining team and all outstanding monies owing the Society must be paid.

Total Amount Enclosed \$ ..... REGISTRY NUMBER: ..... Date .....

Make Cheque or Money Order Payable to: C.S.O.T.

Mail to: 18 Wynford Drive, Suite 715A  
North York ON M3C 3S2

NSF Cheques - \$40.00 charge

Phone (416)445-4516 Fax (416) 489-7356

**IF NOT COMPLETED IN FULL - THE FORM WILL BE RETURNED. MEMBERSHIP IS DUE AND PAYABLE ON THE 1ST DAY OF DECEMBER.** Sorry No Credit cards